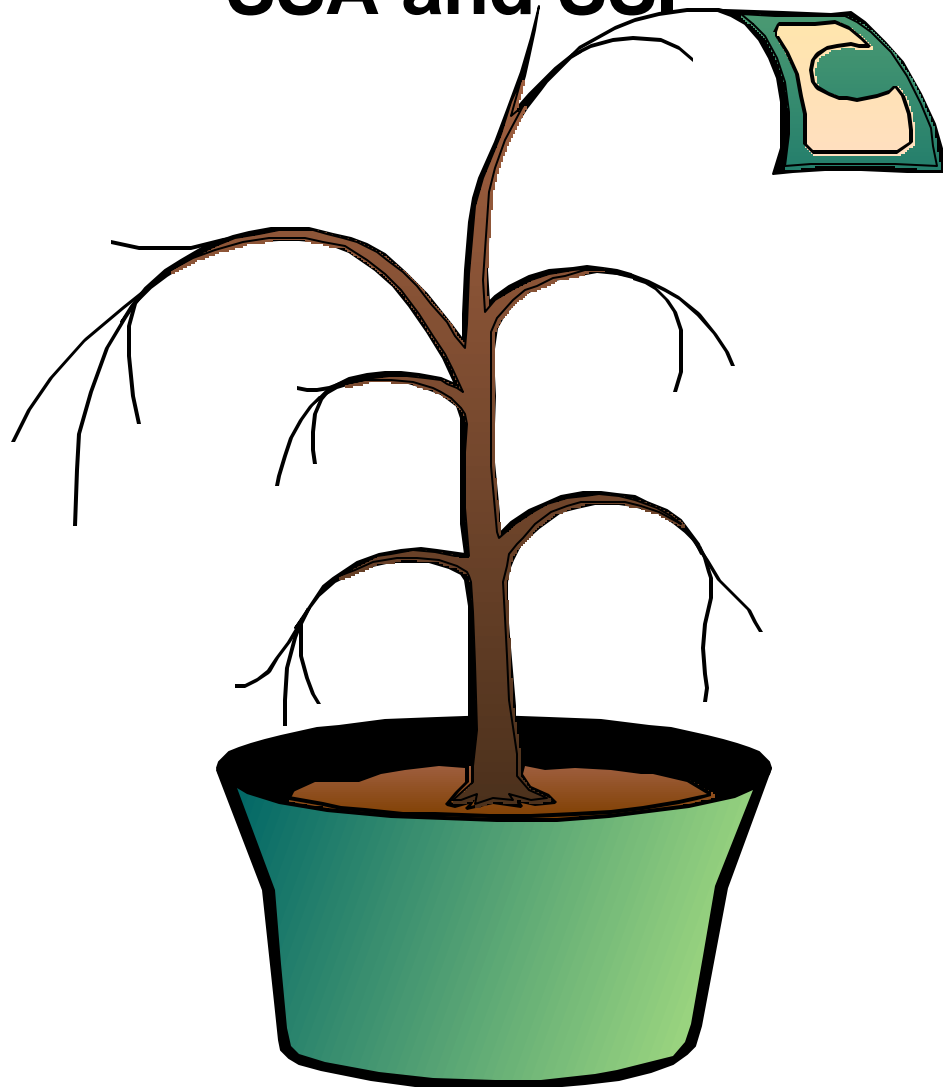# Medicare and Medicare Cost Sharing

# SOCIAL SECURITY INCOME

## SSA and SSI

# SSA

A person becomes eligible for Social Security by earning 'credits'.   As people work and pay taxes they earn Social Security 'credits'.  The amount of money needed to earn credits goes up every year.  Most people need 40 credits (10 years of work) to qualify for benefits.

## TYPES OF SSA BENEFITS
### FULL RETIREMENT (SS RE)
If a person was born before 1938 they could be eligible for full Social Security at age 65.  Beginning in the year 2003 the age at which full benefits are payable will increase in gradual steps from 65 to 67.  This affects people born 1938 or after.

### REDUCED BENEFITS (SS ER)
No matter what the full retirement age is, a person may start receiving benefits as early as age 62.  If the benefits start early, they are reduced 5/9 of 1% for each month received before the full retirement age.

### DIVORCE BENEFIT (SS OT)
If an individual has been divorced (even if they have remarried) they can receive benefits on their ex-spouse's record.  In order to qualify, the individual must:
C have been married to the ex-spouse for at least 10 years
C be at least 62 years old
C be currently unmarried
C not be eligible for an equal or higher benefit on another record
If an individual receives off of the ex-spouse's record, it does not affect the amount of any benefits payable to the ex-spouse.

### SURVIVOR'S BENEFITS (SS SU)
When a person dies, certain members of their family can be eligible for benefits off  the deceased's record if the deceased had earned enough credits (5 year work history).  The family members who can collect benefits include:
C a widow(er) who is 60 or older, or 50 or older and disabled;
C a widow(er) at any age if caring for the deceased's child under age 16 or a disabled child who is receiving SSA;
C children
< if they are unmarried, under age 18, or 19 and are still in secondary school as a full-time student, or
< if they are severely disabled and the disability began before age 22.
C parents, if they were dependent upon the deceased for at least ½ their support.

A special one time death benefit of $255 is made after a person's death and is payable to the widower or minor children.

**BENEFITS TO DIVORCED WIDOWS OR WIDOWERS (SS WI)**

If an individual divorced (even if they have remarried), the individual may be eligible for benefits off the deceased ex-spouse's record.  The following must be true:

- C    be at least 60 years old (or 50 years old if they are disabled) and have been married for at least 10 years;
- C    be any age if caring for a child who is eligible under the deceased's record;
- C    not be eligible for an equal or higher benefit on any other record
- C    not be currently married unless the remarriage occurred after age 60 (or age  50 if disabled).

**DISABILITY BENEFITS (SS DS)**

A person may also receive benefits if they are disabled.  To qualify for Social Security disability benefits a person must have worked long enough and recently enough under Social Security.  A person can earn a maximum of up to 4 credits per year.  Family members who qualify on someone else's work record do not need work credits.  The number of credits a person needs depends on the age when they become disabled.  Generally a person would need 20 credits earned in the last 10 years ending with the year they became disabled.  Younger workers may qualify with fewer credits.

**Who Can Receive Disability Benefits?**

- ❗    Widows(ers) with disabilities may be eligible on the record of a spouse.
- ❗    Children over age 18 with disabilities may be eligible for benefits on the record of a parent, if the disability started before age 22.
- ❗    If a person is receiving social security benefits, certain members of their families may also qualify for off the receivers record:
    - C    unmarried child under age 18 or
    - C    spouse who is 62 or older if he or she is caring for a child (under age 16) of the disabled person.
- ❗    If an individual should die, certain family members may qualify for disability benefits:
    - C    a disabled widow(er) 50 or older may receive if the disability began before the decedent's death or within 7 years of death.

**Things to remember:**

- ❗    Disability benefits do not begin until the sixth full month of disability.  This is the waiting period.
- ❗    A person must provide original verification to apply.
- ❗    In a  trial work period for 9 months (not necessarily consecutive) a person can work as much as they can without it affecting benefits.  After a 3 month grace period  the benefits will stop.
- ❗    More information is available on the Internet at:  **www.SSA.gov.**

# SSI

SSI is Supplemental Security Income.  Although this program is also administered by Social Security, the money to pay for benefits comes from general revenue funds of the U.S. Treasury.  SSI makes monthly payments to people who have low incomes and few assets if the following are true.

> They are:
> - living in the U.S. or the Northern Mariana Islands
> - A U.S. citizen or be eligible under the new 'Alien Status' rules established in 1997
>
> and they must be:
> - 65 or older, or
> - blind, or
> - disabled

An SSI recipient that moves to Utah from another state must transfer their SSI record to Utah before they can become Utah residents.

## Income and Assets
## Income

How much money a person can have and still get SSI depends on whether or not they work and in which state they live.  There is no state supplemental payment in Utah except for couples and singles who live with others.  They may get a small supplement.  See Table II and Table VII for amounts.

## Assets

The asset limit for SSI eligibility is $2,000 in countable assets for one person or $3,000 for a couple.  This is standard in the U.S.

Things to remember:

- SSI income will fluctuate if there is other income being received.
- Children as well as adults may receive SSI based on the same disability criteria.
- Medicaid, except for waiver or nursing home programs, disregards all income of SSI recipients.
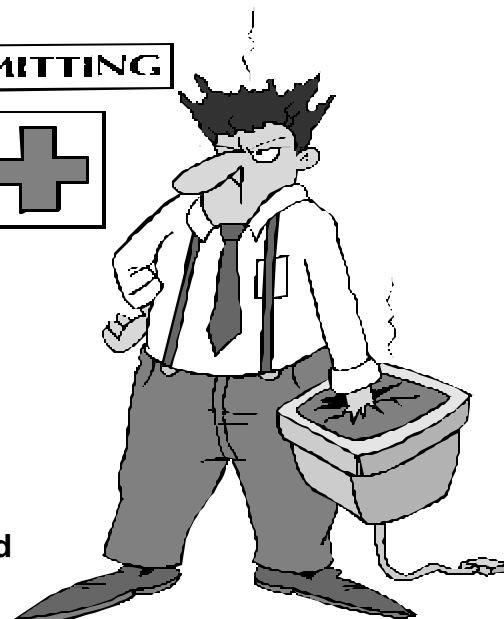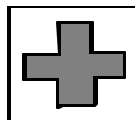
# MEDICARE

**A & B**

# MEDICARE & MEDI-GAP

Medicare is the federal health insurance program which is administered through the Social Security Office.  It is for persons age 65 and over and certain disabled persons.  It has two parts.  Part A is Hospital Insurance and Part B is Supplementary Medical Insurance (outpatient).
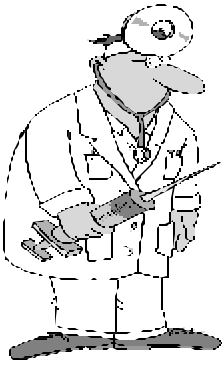
## Medicare Part A

~ Part A Medicare pays some of the costs of hospitalization, certain related inpatient care, skilled nursing facility care, and home health services. It is financed primarily by payroll taxes based on covered work, both before and after becoming eligible for benefits.  Benefits are provided automatically on the basis of past work.

~ A person is eligible for benefits under Part A Medicare if they are age 65 or older and are eligible for any type of monthly Social Security benefit. If a person is disabled they may be eligible for Medicare if they have been entitled to disability benefits from Social Security for at least two years.  A person may be eligible for Part B and not Part A.

~ Hospital benefits begin when a person is admitted to a hospital.  There is an initial deductible but no more than the actual charges.  There are some other options available after the first 60* and 90** days.  The deductible must be paid for each benefit period.  The period ends 60 days after discharge from a hospital or nursing facility.  If another hospital admission occurs, the person will have to pay an additional deductible as well as the co-insurance (cost sharing) amounts.

Part B Medicare covers doctor's fees, most outpatient hospital services and certain related services. Part B is financed by monthly premiums from those who enroll in the program and by general revenues of the federal government. These benefits are available only if you pay the monthly premiums.

__It is very important to encourage people to apply when they are eligible__! About 95% of those eligible buy into Part B. Those that do not and later decide to buy in are charged penalties (10% per full year) back to the date they became eligible.

~ When a person enrolls in Part A Medicare, they also automatically enroll in Part B, unless a person refuses it. Even if a person is not eligible for premium-free Part A, a person can almost always enroll in Part B at age 65. A general enrollment period (January through March) is available for persons who did not elect to take Part B when they were eligible.

~ A person must pay a monthly premium for Part B. If a person receives Social Security benefits, the premium is deducted from their benefits. Otherwise, the premium is billed by the government quarterly in advance. The premium is adjusted every January. If a person enrolls late or drops out and enrolls again their premium will be higher. The penalty is 10% more for each full 12 months that a person was eligible but did not participate.

~ There is an annual deductible for Part B Insurance of the first $100 of the charges allowable by Medicare for covered medical services provided in a calendar year. Once the deductible is met, a person pays 20% of covered expenses.

## Medicare General Information

~ When It's Available

Medicare becomes available at the beginning of the month in which a person becomes age 65, whether they are retired or working. It may also be available if a disability or chronic kidney disease which requires dialysis or a transplant is established. The disabled person is not entitled to monthly benefits because of their own disability for at least two years. Special provisions for chronic kidney patients allow entitlement at any age, but only for Part A. A person automatically applies for Medicare when they apply for Social Security benefits. When entitlement for Medicare occurs, the person will be asked if they wish to enroll in Part B or decline it.

~ **Medicare Non-Coverable Items:**

, **services not reasonable or medically necessary**
, **items for which a person is not legally obligated to pay**
, **services performed by a relative or household member**
, **services outside the U.S.  (there are some exceptions)**
, **routine physical exams, eye exams, and glasses**
, **hearing aids**
, **dental services, except surgery due to fracture of bones**
, **routine foot care and orthopedics, except for diabetics**
, **custodial care**
, **cosmetic surgery, except after an accident**
, **most prescription drugs and immunizations**
, **acupuncture**
, **first three pints of blood for transfusions**
, **private nurses**
, **homemaker services, except under hospice provisions**

~ **Medi-Gap ~ Medicare Supplemental Insurance**
**Medicare does not pay all of a person's medical expenses.  There are deductibles, co-pays, non-allowable charges, and non-covered services.  Most people need additional health insurance to fill the gaps in Medicare.  These plans are called "Medi-Gap" policies.  There are 10 standard plans and an option called Medicare Select.**

, **Medi-Gap policies are offered in various plans.  A person does not need more than one Medi-Gap policy.  Premiums and plans vary from one company to another and one area to another.  All Medi-Gap policies are guaranteed renewable.  They cannot discriminate because of health conditions. (See your Medicare 1999 book page 28 for a list of plan benefits.)**

, **Medicare Select is a Medi-Gap policy with a preferred provider agreement that has lower premiums if the participant agrees to use those providers for services.**

**An Alternative--**
**In 1997 legislation created additional options to the original Medicare plan.  These options are known as Medicare+Choice and are available in 1999.  These plans include several types of managed care.**

**For general information regarding Medicare, call the Medicare hotline at 1-800-638-6833 or see www.medicare. gov.**

# Medicare Cost Sharing

## The Working Disabled
## and

QMB
SLMB
QI
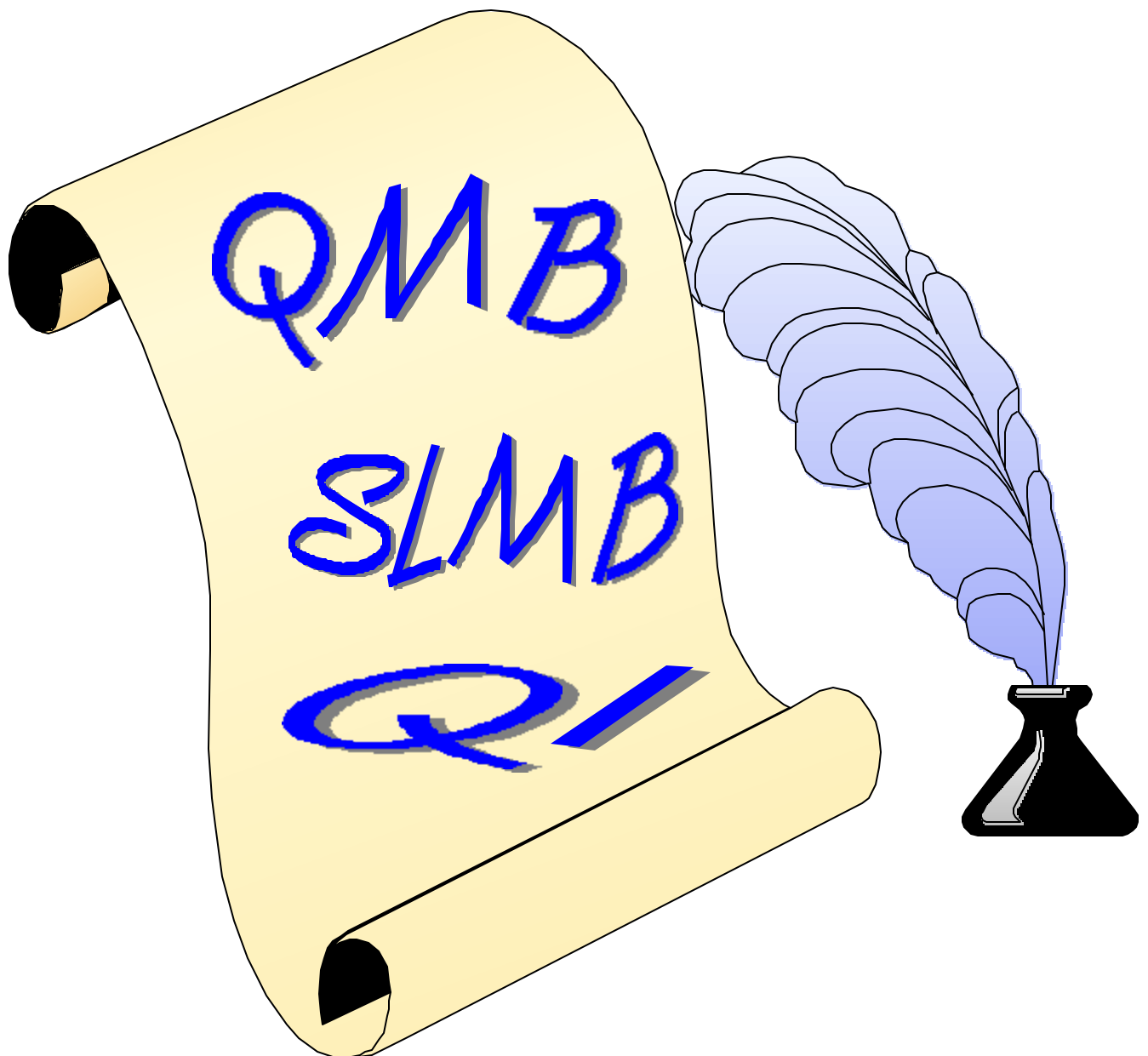
# WORKING DISABLED

Volume IIID, Section 379

**!** The Working Disabled are disabled people eligible for Part A Medicare **AND** not eligible for Medicaid without a spenddown.  They used to receive SSA disability payments, but are now ineligible because they earn too much money.

**!** Clients must be eligible for Medicare Part A under Section 1818A of the Social Security Act.

**!** The Working Disabled are eligible **ONLY** for payment of the Part A Medicare premium.

**!** Assets limit is $4,000, if the client is not married or is separated from a spouse.  If the client is married and not separated, the asset limit is $6,000.

**!** Countable income must be less than or equal to 200% of the Federal poverty level (Table VII.) To decide if you should compare income to the poverty limit for a 1 person household or a 2-person household, follow the rules in Section 475-2.

**!** You cannot open a Working Disabled case in the PACMIS system.  If a client is eligible, you must contact the ORS Buy-In specialist to make sure the client is accreted to the Part A Medicare Buy-In.  Special Procedures:

1. When an applicant requests assistance, first verify that the individual is not eligible for Medicaid benefits.

   < Use PACMIS to determine the countable income, then compare the countable income to the poverty figure for the number in the household corresponding to the number in the BMS used by PACMIS.
   < Record the application in PACMIS as you would an application for D Medicaid and QMB.

   < Enter all necessary information as you would for a Medicaid application.

      # PACMIS will verify that the client is not eligible for Medicaid and will do the income calculation, determining the countable income for the case so you can compare the countable income to 200% of poverty.

      # PACMIS will also tell you the correct number in the household, using the spousal deeming rules to decide if the spouse should be included in the BMS.

2.        Send a Notice.  Be sure the approval or denial notice includes the correct policy citation.  (You may want to use PACMIS for this, since you need to deny the DM and QMB applications you registered.  Use a free-form notice to tell the client about the approval or denial of the Working Disabled Medical assistance.)

3.        If the client is approved, contact the ORS Buy-In specialist.  He will make sure that the client's Part A Medicare premium is paid.

4.        If a recipient becomes ineligible, contact the ORS Buy-In Specialist so the Part A Medicare premium will no longer be paid.

5.        Control for Income Changes.  If the client has fluctuating income, average according to prospective budgeting rules.  Use a tickler file or other manual device to make sure that income changes are reported.

6.        These cases must be reviewed at least once every 12 months.  ORS will notify you at review time.

# QUALIFIED MEDICARE BENEFICIARIES (QMB)

**Volume III D, Section 371**

**Qualified Medicare Beneficiaries are people who:**
2. **Meet the criteria for a Medicaid Program Type, and**
3. **Receive Part A Medicare or are eligible to receive it, and**
4. **Whose net income is equal to or less than 100% t of poverty, and**
5. **Who meet the asset criteria.**

**Benefits:  QMB will pay:**
1. **Medicare Part B premiums.**
2. **Deductibles**
3. **20% co-payment of Medicare approved amounts, and the co-payment for Medicare approved skilled nursing home.**

**Income (Limits change each April):**
! **Income deductions are:  $20 general income disregard and $65 and ½ of the remaining gross earned income.**
! **No spend down is allowed.**
! **Allowable deductions are the same as for A, B, or D Medicaid except health insurance and medical bills.**

**Assets:**
! **Asset limits are $4,000 for one person, $6,000 for two people.**

**General Information:**
! **Retroactive coverage is not allowed.  Benefits begin the month following the month that eligibility is determined, (this includes the first month of Medicare Part A eligibility).**
! **It takes two or three months after becoming eligible for QMB for Medicaid to begin paying the Medicare premium.**
! **COLA increases do not affect an on-going recipient.  PACMIS will automatically back out the COLA on the SSA income.  Applicants must meet the poverty level limits at the time of application.**
! **QMB follows A,B, and D rules, unless otherwise stated.**
! **QMB is not a Medicaid, Medicare, or entitlement program; but, a Federal/State program.  These funds replace those paid out by Medicaid for Medicare costs for the elderly and disabled who meet eligibility criteria.**
! **TPL is required.**

# PACMIS Procedures for QMB

**\*\*Always determine eligibility for QMB as quickly as possible.  QMB has no retroactive coverage and eligibility begins the month after the month eligibility has been determined.**

**!** **If you have a QM case with another program type, first register and determine eligibility for the other program type.  After eligibility has been determined, go to APMA and add QM to the open case for the month following the month eligibility was determined.**

> *Example:*    *26 Jan 98  Application date*
> *05 Feb 98 Verifications returned and eligibility determined*
> *01 Jan 98  Date of Entitlement for Medicaid (without retro)*
> *01 Mar 98  Date of Entitlement for QMB*

**!** **Register with:**
- **Program type - QM**
- **Category code - Follows the Medicaid Program Type (AM, BM, DM)**
- **Coverage group - blank**

**!** **SEPA - Code the Medicare A person 'IN'.  Spouse may be coded 'IN' or 'DM'. Any children are coded 'OU'.**

**!** **SSDO - Social Security Number must be entered.  The Medicare Number must also be listed underneath the SS# with the verification code 'AV' (Part A Verified).  If disabled, the disability code must be entered.**



**!** **Whenever possible, open QMB along with a Medicaid program.  The federal match restores Medicaid dollars paid out for the Medicare Part B.**

**!** **Always explain the QMB benefits to the client.  The Buy-In takes 90 - 120 days**

**to complete before they will see a change or get a refund.**

## SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMB)
### Volume III D, Section 372

**Specified Low-Income Medicare Beneficiaries are people who:**

1.      **Meet the criteria for a Medicaid Program Type, and**
2.      **Receive Part A Medicare or are eligible to receive it, and**
3.      **Whose net income is equal to or less than 120% ❣ of poverty, and**
4.      **Who meet the asset criteria.**

**Benefits:**

❗      **SLMB is not a Medicaid program but a program which pays for Part B of the client's MEDICARE premium.  Part B Medicare covers a person's physician care, a variety of out-patient services, including out-patient hospitalization.**

| |
|---|
| **The only benefit on this program is the payment of the Part B premium.** |

**Income: (Limits change in April of each year)**

❗      **No spend down is allowed.**

**Assets:**

❗      **Asset limits are $4,000 for one person, $6,000 for two people.**

**General Information:**

❗      **Applicants must pass all the QMB rules, except income.**
❗      **90 day retroactive coverage is allowed, but cannot begin before Medicare Part A eligibility begins.**
❗      **It takes two or three months after becoming eligible for SLMB for Medicaid to begin paying the Medicare premium.  The client will be reimbursed by Social Security at that time, for each month of eligibility.**
❗      **SLMB on PACMIS is identified by an 'L' in the coverage code.  The program will be QMB and the category code will match the A, B, or D category.**
❗      **COLA increases are treated the same as for QMB.**
❗      **TPL is not required.**

## PACMIS Procedures for SLMB

❗ **Register the application for 'QM' with no coverage group code unless you know that the applicant will be over the QMB limit. Do not make the effective date retroactive. If the case fails QMB you can go back and change the effective date to include any retroactive period for which the client may be eligible. If the case fails QMB income, the QMIE screen will display the message "Try SLMB-Enter 'L' in Med Coverage Group on SEPA'. The QMIE screen will show income limits for QMB and SLMB. Use PF9 to exit.**

❗ **Return to APMA to change the effective date to include any retroactive months. Enter an 'L' in the Med Coverage Group. You will get a warning about registering a retroactive QM program.**

❗ **If you know the client will be over the QMB limit, you can enter the coverage group 'L' when you register the application. Set the effective date to include the retroactive months as requested and eligible.**

❗ **You must pass through the SSDO screen to verify Medicare coverage. Only clients who are Medicare eligible should have a number in the Medicare block.**

❗ **The Issuance Indicator will show 'HO' for hold and a hold reminder date will appear. This is because PACMIS will not issue a medical card for SLMB.**

❗ **If you register someone for SLMB and find they are eligible for QMB, you will need to deny the SLMB because the effective date will be different. The QMB must not be approved until the month after the month eligibility is determined.**

❗ **Applicants may fail QMB income limits for January through March, (because the COLA increases in January and the poverty level does not increase until April). However, they may be eligible for SLMB during those months. When the poverty level income limit changes occur in April, they may be then eligible for QMB. You will need to set an alert to control for this.**

❗ **You cannot open SLMB in a month where a client was eligible for QMB.**

## Qualifying Individuals QI-1 & QI-2 GROUPS
### Volume III D, Section 373

## Qualifying Individuals are people who:

1.   Are receiving Part A Medicare, or are eligible to receive it, and
2.   Whose net income is 120% to 134% of poverty for Group 1 or 135% to 175% of poverty for Group 2, and
3.   Who meet the asset criteria, and
4.   Who are not receiving Medicaid.

These two programs were added to the QMB family as of January 1998.  The programs will end December 31, 2002.

## Benefits:

They will receive assistance with the Part B Medicare premium only.

Group 1 will cover the entire Part B premium and will be handled by the Buy-In. Group 2 will be reimbursed a small portion of the Medicare Part B  Premium.

## QI or Medicaid?

If  the client qualifies for Medicaid, the client cannot receive QI benefits.

A person who qualifies for both Medicaid and QI will have a spend down on their Medicaid case.  QI can only be opened if the client decides to not pay the Medicaid spend down.

If the case is open QI-1 or QI-2 and the client wants Medicaid for a month of spend down, the client must submit a new application.  Remember to close the QI case if Medicaid is opened.

To be eligible for QI-2, the person must be paying the Part B premium!!!!

## General QI Information:

❗ **No spenddown is allowed.**

❗ **There are no TPL requirements for Group 1 or 2.**

❗ **The QI programs allow for a 3 month retroactive period.  However, benefits cannot begin prior to January 1, 1998.**

❗ **COLA adjustments will be handled just as with QMB and SLMB.**

❗ **QI is not entitlement program.  There is no guarantee that every eligible person who applies for the Qualifying Individuals program will receive the benefits for the calendar year.**

   **The budget for this program is funded each calendar year.   Effective December 31, 2002, the QI programs will end because funding was not approved.**

   **However, even if funding is stopped for the year, a person who is currently receiving QI benefits will continue to receive benefits for the rest of the year.  There is no guarantee that he will receive the QI benefits for the following year.**

   **Priority of coverage in subsequent years will be given to individuals who were receiving QMB, SLMB or QI benefits in December of the previous year.**

   **Even if funding is stopped for the year, we must still accept and process QI applications, and send appropriate denial notices.**

## PACMIS Procedures For QI

QI-1 Program type:                **QM**
     Coverage Group:            **M**

QI-2 Program type:                **QM**
     Coverage Group:            **N**

1. **Register the case QM with no coverage group (unless you know the client is over the QMB limit).**

2. **Determine eligibility as you would for QMB. You must go through SSDO to verify Medicare coverage. Enter the client's Medicare number.**

3. **QMIE: If the case fails the income limit on QMB and SLMB, there will be one of the following messages:**
   - **"Change Coverage Group to M on SEPA"**
   - **"Coverage Group needs to be N on SEPA"**
   - **PF9 to exit screen**

4. **At APMA:**
   - **Change the effective date if needed (remember to look at eligibility for retroactive coverage).**
   - **At the Med Cov field:     Enter an "M" or "N". (There will be a number of warnings about registering a retroactive case for QM.)**

5. **Process eligibility screens. (You may have to re-enter data if you have changed the effective date.)**

6. **QMIE**
   - **Shows eligible.**
   - **Issuance indicator will show 'HO' because there is no medical cards for QI.**
   - **Authorize and send notices.**

## Application for QMB, SLMB, or QI
### Section 375-2

Use the same application for QMB, SLMB, and QI that is used to apply for Medicaid. If the client is currently open for Medicaid, a new application is not needed.

If a client is receiving QMB or SLMB only, and would like to add Medicaid, a new application is needed.

If QI is the only program open and a client wants to apply for a month of Medicaid with a spenddown, the client needs to submit a new application. If a client wants Medicaid ongoing, the QI must be closed.

## Effective Dates of Coverage
### Section 611-2, 375-5

**Eligibility cannot begin before the Medicare eligibility begins.**

**QMB**
The effective date of QMB benefits is the first day of the *month AFTER the month eligibility* has been determined or the month after initial Part A eligibility.

**SLMB**
The effective date of SLMB benefits is the first day of the month of application, or on the first day of any month of the retroactive period that the client meets the eligibility criteria.

**QI 1 & 2**
The effective date of QI benefits is the first day of the month of application, or on the first day of any month of the retroactive period that the client meets the eligibility criteria. Eligibility cannot begin before January 1, 1998. These program will end December 31, 2002.

For QI, the clients cannot be receiving Medicaid. If the client is eligible for both types of assistance, ask the client if they want to meet the spenddown on a monthly basis. If so, do not open the QI program.

**RECIPIENTS:**

January...
February...
March...

**During the first 3 months of the calendar year do not close a QMB case if the cost of living increases for SSA, Railroad Retirement, and Black Lung, causes the recipient's income to be over the QMB limit.**
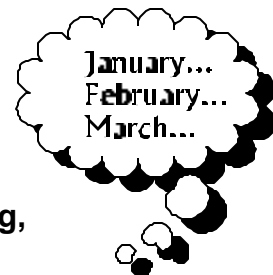
**When the federal poverty limit is adjusted (usually in April), look at these cases to see if the client qualifies using the new poverty limit.**

**If eligible for QMB:**

**PACMIS will automatically back out the SSA COLAs for poverty level programs. Workers will have to manually back out Railroad Retirement and Black Lung to see if the COLA increase has caused the case to become ineligible.**

**When the new poverty limits are instituted in April PACMIS will automatically add the COLA to SSA. Workers will have to manually add the Railroad Retirement and Black Lung COLAs to determine eligibility with the new poverty limits.**

## NEW APPLICANTS IN JANUARY - MARCH:

When determining eligibility for new applicants:

1.  Use their current income (including any cost of living increase).

2.  Compare their income to the current available 100% of Poverty Limit. (This income limit will be before the adjustment in April).

3.  If the new applicant's income is over the 100% of the Poverty Limit, the person is not eligible for QMB.  Look at eligibility for the SLMB program.

4.  In April, when the Poverty Limit is adjusted, the client whose QMB application was denied may now be eligible for QMB because of the new income limit.

    ,          Workers will receive an alert telling them that the client may now be eligible for QMB.   Determine eligibility for QMB.   If eligible for QMB, close the SLMB and open the QMB case for the month after eligibility has been determined.

# How To Determine Part A Eligibility

**To find out if the client is receiving Part A and/or Part B Medicare, use our interface screens.**

**Go to INME:**
**Function #17**

**Enter the client's social security number.**

```
INME                        INQUIRY MENU                    20AUG02 10:53
                                                            AMY S

        1. PRIOR CONTACT CHECK          12. CHILD CARE BENEFIT HISTORY
        2. CASE PROFILE                 13. ACTION HISTORY
        3. HOUSEHOLD SUMMARY            14. CHILD SUPPORT SUMMARY
        4. FINANCIAL ISSUANCE HISTORY   15. NOTICE HISTORY
        5. FOOD STAMP ISSUANCE HISTORY  16. WORKER NOTICE HISTORY
        6. CHILD CARE ISSUANCE HISTORY  17. INTERFACE INQUIRY
        7. SPECIAL PMTS ISSUANCE HISTORY 18. BUY-IN INQUIRY
        8. MED EXCESS PAYMENT HISTORY   19. NEW HIRES REGISTRY INQUIRY
        9. FINANCIAL BENEFIT HISTORY    20. NOT AVAILABLE
       10. FOOD STAMP BENEFIT HISTORY   21. STATE ONLINE QUERY SYSTEM
       11. MEDICAL BENEFIT HISTORY      22. TIME-LIMITED BENEFITS INQUIRY

                    ENTER  FUNCTION   (BY NUMBER): __
                    CASE NUMBER      (FOR 2-16): _____
                    BUDGETING METHOD (FOR 3 ONLY): P
                    CLIENT SSN  (FOR 17,18,19,21): __ __ ____
                    BENEFIT MONTH            :

                                                         NEXT--> ____
   4                    :00.1                                     17/53
```

**At the ININ screen, your options are:**

> **#1     BDX Information**
> > ***Shows SSA information***
>
> **#2     SDX Information**
> > ***Shows SSI information***
>
> **#3     WTPY Information**
> > ***Shows general SSA/SSI information***
>
> **#4     Covered Quarters Info**
> **#5     Prisoner Information**
> **#6     Covered Quarters Request**
> **#7     WTPY Manual Requests**
> > ***Used to generate a manual SSA/SSI interface***
>
> **#8     Covered Quarters Request**

**Selec**                                                                                             **t**
**Funct**                                                                                         **ion #1**
**"BDX**                                                                                         **Inform**
**ation**                                                                                            **"**

```
 ININ                        INTERFACE INQUIRY                    20Aug02   10:58
                                                                     AMY S


              1.  BDX INFORMATION - SSA       9 BDXI RECORDS EXIST
              2.  SDX INFORMATION - SSI
              3.  WTPY INFORMATION            1 WTPI RECORD EXISTS
              4.  COVERED QUARTERS INFO
              5.  PRISONER INFORMATION        1 PRSI RECORD EXISTS
              6.  UTAH DEATH INFORMATION      1 UDFI RECORD EXISTS
              7.  WTPY-BDX/PRISON REQUESTS
              8.  COVERED QUARTERS REQUEST

              ENTER SELECTION (BY NUMBER):
              SSN.......................:
              NAME......................:
```

**,** **The BDXI information is the Social Security (not SSI) information.**
**It also shows eligibility for Part A and B Medicare.**


**,** The Medicare 'Date of Entitlement' is usually 2 years from the 'Current Entitlement Effective Date' for disabled people.



```
BDXI        BDX (SSA) INFORMATION (RECORD  2 OF  9 )        20Aug02  11:05
                                                                   AMY S
SSN.:              SSA CAN:
NAME:                              DOB: 22Sep44 SEX: F RESP. DATE: 11Jun01
TYPE OF BENEFICIARY: PRIMARY CLAIMANT

COMMUNICATION CODE: SSA TERMINATED EFFECTIVE Mar01
CURR PAYMNT STATUS: TERMINATED: DEATH OF BENEFICIARY
CURR ENTITLEMENT EFFECTIVE DATE: Feb91
   GROSS AMT:     559.10    SMI-PART B MEDICARE    HOSPITAL INS PART A MEDICARE
 - OVERPAYMT:       0.00   ------------------------  ----------------------------
 ----------------------    OPT: YES                  OPT: YES - AUTO ENTITLEME
NET PAYABLE:      559.00  ENTITLEMENT DATE:  Feb93  ENTITLEMENT DATE:    Feb93
 - PT B PREM:      50.00  TERMINATION DATE:          TERMINATION DATE:
 ----------------------    PREMIUM PAYER   :   SELF  PREMIUM AMOUNT  :    0.00
CHECK AMT..:      559.00


SSI STATUS......:
DUAL ENTITLEMENT INDICATOR:          CROSS REFERENCE CAN:
DIRECT DEPOSIT INDICATOR  :          DISABILITY DATE OF ONSET:  Aug90
OVERPAYMENT END DATE......:
  MORE RECORDS EXISTS - PRESS ENTER TO VIEW      SELECTION START DATE:
```

Another way to determine if a client is receiving Part A or Part B Medicare is to ask the client to bring in their Medicare card.

The SOLQ screens are found on Option 21 on INME.  These screens allow PACMIS users to access SSA records on line.  Inquires are to be made only when necessary to perform your job.

```
SOLQ                    STATE ONLINE QUERY REQUEST              20AUG02 11:15
                                                                    AMY S

                    SSN:                    VERIFICATION: V

        NAME:                               DOB: 22SEP44       SEX: F


                ********************************************************
                *       TO CONTINUE WITH THE INQUIRY                *
                *    PLEASE ENTER THE FOLLOWING INFORMATION:        *
                ********************************************************


                REASON FOR INQUIRY: _




            TO INQUIRE BY CLAIM NUMBER INSTEAD OF SSN,
            PLEASE ENTER THE CLAIM NUMBER _____ BIC ___


    PRESS **ENTER** TO CONTINUE    PRESS **F9** TO RETURN TO INME


  ▟█                  :00.1                                        14/36
```

To access information in SOLQ, follow the instructions in the SOLQ user guide.

The SSNR is the initial response screen and verifies the SSN.

```
⎺SSNR                    STATE ONLINE QUERY RESPONSE              20AUG02 11:11
                                                                     AMY S

          ************** REQUEST INFORMATION *********************
          SSN:                                CLAIM NUMBER:
      NAME:                                   DOB: 22SEP44        SEX:

          ******** SSN VERIFICATION INFORMATION *******
      SSN IS VERIFIED
      NUMIDENT SSNS:
      NUMIDENT DOB:

      *** MORE INFORMATION HAS BEEN PROVIDED BY SSA ***
      SSA BENEFIT INFORMATION EXISTS. PRESS **ENTER TO VIEW SSAR




                   PRESS **F9** TO RETURN TO INME


   ⚋⚋█           ○:02.0                                            01/01
```

The SSAR provides the on line information from SSA.

```
SSAR                      SSA ONLINE QUERY RESPONSE              20AUG02 11:17
                                                                 AMY S
 REQUEST SSN:   '              REQUEST CLAIM NUMBER:
         ********** SSA\TITLE II INFORMATION **********
   SSA NAME:                              DOB: 22SEP44
   ADDRESS:                               SSN:              SEX: F
                                          BENDEX STATE: UT
                                          ZIP CODE: 84124
   PAYMENT STATUS: TERMINATED: DEATH OF BENEFICIA TERM DATE: MAR2001
   SSA PAYMENT AMOUNT:   559.00           DATE PYMNT EFFECTIVE: FEB1991
   SSA CLAIM NUMBER..:                    INITIAL ENTITLE DATE: FEB1991
   TYPE OF BENEFICIARY:                   DISABILITY ONSET DATE: 15AUG90
   DIRECT DEPOSIT.....:                   DATE OF DEATH: 14MAR01
   --------------------- PAYMENT HISTORY -------------------------
 DATE      AMOUNT      DATE     AMOUNT      DATE      AMOUNT
 MAR2001    559.00    AUG2000   540.00
 DEC2000    559.00
   XREF CLAIM NUMBER:               DUAL ENTITLEMENT NUM:
   BLACK LUNG:          AMOUNT:    0.00   RAILROAD RETIREMENT STATUS:
   HI:    PREMIUM AMT:   0.00   BYIN START:       BYIN END:
   SMI:   PREMIUM AMT:   0.00   BYIN START:       BYIN END:
    NO MORE INFORMATION TO DISPLAY. PRESS **ENTER** TO RETURN TO INME
```

**Comparison Chart of QMB, SLMB, QI-1, and QI-2 Programs**

| | **QMB** | **SLMB** | **QI-1** | **QI-2** |
|---|---|---|---|---|
| **Program Type** | QM | QM, Coverage Code "L" | QM, Coverage Code "M" | QM, Coverage Code "N" |
| **Eligibility Criteria** | Must receive Part A Medicare | Must receive Part A Medicare | Must receive Part A Medicare<br>Must not receive Medicaid | Must receive Part A and Part B Medicare<br>Must not receive Medicaid |
| **Program Benefits** | 1.  Pays Part B premium<br>2.  Pays Part B Medicare deductible<br>3.  Pays co-payment for Part B Medicare covered services<br>4.  Pays Part A hospital deductible<br>5.  Pays the daily coinsurance charges for extended hospital and skilled nursing facility stays | 1.  Pays monthly Part B premium | 1.  Pays monthly Part B premium | 1.  Pays a portion of the monthly Part B premium |
| **Income Limits Change Every April** | Must be under 100% of Poverty | Must be over 100% of Poverty AND under 120% of Poverty | Must be over 120% of Poverty AND under 135% of Poverty | Must be over 135% of Poverty AND under 175% of Poverty |

| | QMB | SLMB | QI-1<br>Program ends 12-31-02 | QI-2<br>Program ends 12-31-02 |
|---|---|---|---|---|
| Income Deductions | 1. $20 General Exclusion<br>2. $65 and ½ from earned income<br>3. Impairment related work expenses | Same as QMB | Same as QMB | Same as QMB |
| Asset Limit | 1 person     $4000<br>2 people     $6000 | Same as QMB | Same as QMB | Same as QMB |
| Payment of Part B Premium | Paid through Buy In | Paid through Buy In | Paid through Buy In | Client will receive payment for Part B premiums in one lump check after the end of the calendar year |
| Medicaid Coverage | Can receive QMB and Medicaid | Can receive SLMB and Medicaid | Cannot receive QI-1 while receiving Medicaid | Cannot receive QI-2 while receiving Medicaid |
| TPL Requirements | Required | Not required | Not required | Not required |
| Effective Date of Coverage | Coverage begins the month after eligibility has been determined | First of month that eligibility has been determined | First of month that eligibility has been determined | First of month that eligibility has been determined |
| Retroactive Coverage | Not allowed | Three month retroactive period | Three month retroactive period, but not before January 1, 1998 | Three month retroactive period, but not before January 1, 1998 |
| Spend Down | Not allowed | Not allowed | Not allowed | Not allowed |
| Medical Card | Issued (card color is Peach) | None issued | None issued | None issued |
| Entitlement | Is an entitlement program | Is an entitlement program | Is not an entitlement program | Is not an entitlement program |